

State File No. \_\_\_\_\_

Registrar's No. 97

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED MAY 20 1943 324  
Registration District No. \_\_\_\_\_

Primary Registration District No. 3072

1. PLACE OF DEATH:

(a) County Saline  
(b) City or town Marshall  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
262 N. Washington  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 24 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Saline  
(c) City or town Marshall  
(If outside city or town limits, write "RURAL")  
(d) Street No. 262 N. Washington  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME WALTER THOMAS BROWN

3. (b) If veteran, name war \_\_\_\_\_  
3. (c) Social Security No. 490-16-2360

4. Sex Male 5. Color of face Wh  
6. (a) Single, widowed, married, divorced 2 divorced  
6. (b) Name of husband or wife Lucie O. Brown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 28 1869  
(Month) (Day) (Year)

8. AGE: Years 73 Months 11 Days 1  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Saline Co. Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business Retired

MOTHER FATHER { 12. Name Samuel Brown  
13. Birthplace Ireland  
14. Maiden name Ezzelle Owens  
15. Birthplace England  
(City, town, or county) (State or foreign country)

16. (a) Informant Walter Raymond Brown  
(b) Address 262 N. Washington St.

17. (a) Burial (b) Date thereof May 2-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pidge Path Cem.

18. (a) Signature of funeral director Campbell Lewis  
(b) Address Marshall, Mo.

19. (a) May 3-43 (b) Mo T. Overstreet  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 29 year 1943 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 15 1943, to April 29 1943  
that I last saw him alive on April 29 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy

Due to Hypertension - arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) 830

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. H. Lawrence (M. D. or other) \_\_\_\_\_  
Address Marshall, Mo. Date signed May 1

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3107

5-15-43

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed..... *R. W. Campbell*.....  
Licensed Embalmer No..... *3469*.....  
P. O. Address..... *Marshall, Mo*.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**